

Leander Police Department

Explorer Application Checklist

Name: _____

Next Explorer Post meeting: _____

To be completed by applicant:

- ☐ 1. Leander Police Department Explorer Application
- ☐ 2. BSA Explorer Application (w/parent signature if required)
- ☐ 3. City of Leander Explorers Program Release Form (notarized)
- ☐ 4. Explorer Information Form (Emergency Contact Form)
- ☐ 5. Medical Release Form (w/parent signature if required)
- ☐ 6. Explorer Photo Consent Form (w/parent signature if required)
- ☐ 7. BSA Annual Health and Medical Record Form (Only Parts A and B); (w/parent signature if required)
- ☐ 8. Copy of most current report card

Upon completion, return this application packet to your school resource officer or Sgt. Mike Mohler at the Leander Police Department.

Post Receipt

Name: _____ DOB: _____ - _____ - _____

Address _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Email address: _____

School attending: _____ Grade: _____

Interested in Law Enforcement?

Find out if a career in law enforcement is right for you!

The Leander Police Explorers are looking for youth to join our post who would like to find out more about law enforcement. Invaluable classroom instruction and hands-on training are provided in law enforcement procedures at low or no cost to you. As an Explorer, you will serve as a member of **Explorer Post #641** and will train in multiple areas and situations including:

*Building Searches
Traffic Stops
Accident Investigation
Firearms Training/Competition
Drug Interdiction
Leadership
Handcuffing
Hand-to-hand tactics
Use of Force
Arrest, Search, and Seizure
Forensic Evidence
Crime Scene Search
.....and many other topics*



Exploring is fun!

Participating in Police Explorers is a great way to:

- Discover if law enforcement is right for you before you go to college.
- Build confidence, discipline, and social skills while having a great time. Teamwork and the desire to help others is emphasized.
- Gain first-hand knowledge of the challenges, duties, and job skills needed to be a police officer.

For more information contact Sgt. Mike Mohler at
512-528-2800 or by email:
Michel.mohler@ci.leander.tx.us



General Requirements

- 14-20 years old (9th grade and above)
- Remain in good academic standing
- Interested in law enforcement
- Must pass a criminal background
- Parental approval must be obtained if under 18.
- Applicant must have reliable transportation.

Expectations

In order to remain in good standing with the Explorer Post, members are required to:

- Attend regular meetings being held **every other Wednesday** from 6:00 PM-8:00 PM at the Leander Police Department. ***These meetings are mandatory!***
- Must maintain passing grades in all classes each six weeks
- Wear uniforms and maintain a neat and "polished" appearance at all times.
- Other requirements as assigned.





New Explorer Application

Name: _____ DOB: _____ - _____ - _____
Address _____ State: _____ Zip: _____
Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____
Email address: _____
School attending: _____ Grade: _____
Parents/Guardians name: _____
Parents/Guardians address: _____
Parents/Guardian's Phone#(____) _____ - _____ Cell#(____) _____ - _____
Are you employed? _____ Yes _____ No If "YES", where? _____
Average hours of work per week? _____
Career interests: _____
Do you have a valid driver's license? _____ If "YES", for how long? _____

List any traffic violations you have received? _____
Have you ever been arrested or detained for a crime? _____ If "YES", for what and when? _____
Have you ever been convicted of a crime? _____ If "YES", what and when? _____

Have you ever used drugs? _____ If "YES", what and when? _____

Have you ever been suspended from school or assigned to LEO? _____ If "YES", when and why? _____
How many days absent/tardy last semester/quarter? _____
What is your current GPA when you last attended school? _____
Adult References (Do not include relatives):
Name: _____ Phone#: _____
Name: _____ Phone#: _____
Name: _____ Phone#: _____

For additional information contact:

Sgt. Michel Mohler

Leander Police Department

705 Leander Dr.

Leander, Texas 78641

Office#512-528-2800 Fax#512-528-2801

Michel.mohler@ci.leander.tx.us

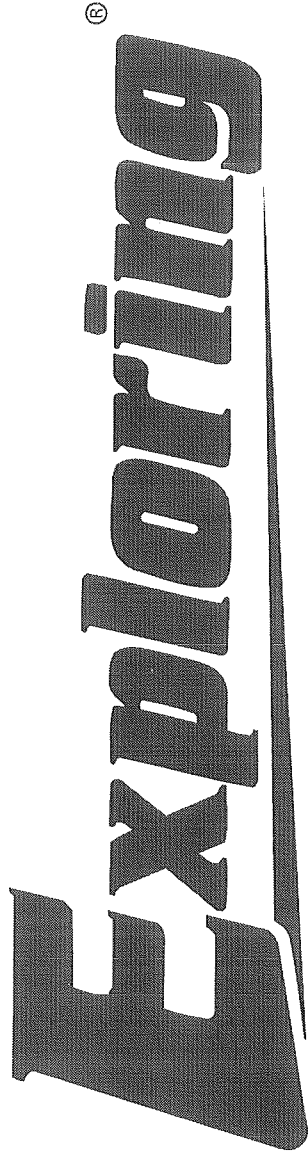


New Explorer Application



You must have a liability waiver form signed as part of this process. If you are under 18 years of age a parent (s) or guardian (s) must also sign a background release form and the liability waiver form.

EXPLORING YOUTH APPLICATION

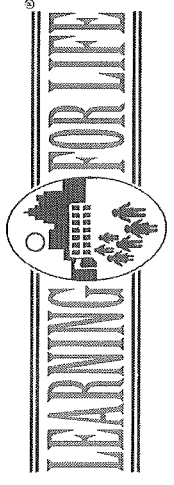


The Exploring Learning for Life career education program is for young men and women who are 14 (and have completed the eighth grade) or 15 through 20 years old.

Exploring's purpose is to provide experiences to help young people mature and become responsible and caring adults. Explorers are ready to explore the meaning of interdependence in their personal relationships.

Exploring is based on a unique and dynamic relationship between youth and the organizations in their communities. Local community organizations initiate a specific Explorer post by matching their people and program resources to the interests of young people in the community. The result is a program of activities that helps youth pursue their special interests, grow, and develop.

Explorer posts can specialize in a variety of career skills. Exploring programs are based upon five areas of emphasis: career opportunities, life skills, citizenship, character education, and leadership experience.



YOUTH PARTICIPANT

Post number:

If applicant has an unexpired participant certificate, participation may be accomplished in this unit by paying \$1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

Transfer application

Transfer from council number:

Post number:

E-mail:

Name and address information (Please print one letter in each space—press hard, you are making a copy.)

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country Mailing address

City

State Zip code

Home phone

Date of birth (mm/dd/yyyy)

Grade

Ethnic background:

School

African American

Native American

Alaska Native

Asian

Gender:

Male

Female

Pacific Islander

Other

Parent/guardian information

Mark here if address is same as above.

Mark here if the adult parent/guardian is not living at the same address; complete and attach a Learning for Life adult application.

Select relationship:

Parent

Guardian

Grandparent

Other (specify)

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country Mailing address

City

State Zip code

Home phone

Date of birth (mm/dd/yyyy)

Occupation

Employer

Gender:

M

F

Business phone

Ext.

Previous Exploring experience

Cell phone

Parent/guardian e-mail address

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Signature of post leader

Date

Signature of parent/guardian

6001

Registration fee \$

Signature of Explorer

YOUTH PARTICIPANT

Post number:

If applicant has an unexpired participant certificate, participation may be accomplished in this unit by paying \$1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

Transfer application

Transfer from council number:

Post number:

E-mail:

Name and address information (Please print one letter in each space—press hard, you are making a copy.)

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country Mailing address

City

State Zip code

Home phone

Date of birth (mm/dd/yyyy)

Grade

Ethnic background:

Asian

Alaska Native

Native American

African American

Other

Pacific Islander

Hispanic/Latino

Caucasian/White

Gender: Male Female

UNIT COPY

Parent/guardian information

Mark here if address is same as above.

Mark here if the adult parent/guardian is not living at the same address; complete and attach a Learning for Life adult application.

Select relationship:

Parent

Guardian

Grandparent

Other (specify)

First name (No initials or nicknames)

Middle name

Last name

Suffix

Country Mailing address

City

State Zip code

Home phone

Date of birth (mm/dd/yyyy)

Occupation

Employer

Gender:

M

F

Business phone

Ext.

Previous Exploring experience

Cell phone

Parent/guardian e-mail address

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Signature of post leader

Date

Signature of parent/guardian

Registration fee \$

Signature of Explorer

Retain on file for three years. 28-309

City of Leander Explorers Program Release Form

Date: _____

I, the undersigned, (herein "Releasor"), for and in consideration of ten dollars and other good and valuable consideration, including but not limited to the authorization to participate in the Boy Scouts of America Explorers Program, Post No. 641 (the "Program") hosted by the Police Department of the City of Leander, Texas (the City of Leander, Texas herein called the "Released Party"), hereby acknowledge and agree to the receipt and sufficiency of such consideration from the Released Party. Releasor agrees and acknowledges further that the Releasor is not a servant, agent, employee, assign, contractor, volunteer, or otherwise a representative of the Released Party. Releasor agrees to accept full and sole responsibility for Releasor's actions during the time Releasor is participating in the Program and during the time the Releasor is traveling to or from the location of the Program.

In consideration of the above Program participation, Releasor releases and agrees to indemnify and hold harmless the Released Party, its officers, employees, agents, representatives and successors against and from any claim asserted or liability imposed upon the Released Party, its officers, employees, agents, representatives and successors, for personal injury or property damage to any person arising out of Releasor's participation in the Program. Releasor agrees that should any portion of this release be deemed unenforceable or void, it shall not impact the enforceability of the remainder of the agreement.

Releasor does hereby acknowledge by signing this Release that Releasor has read and fully understands the terms of the Release and that Releasor has executed this Release of his/her own free will.

CAUTION: READ CAREFULLY BEFORE SIGNING! IF RELEASOR IS UNDER THE AGE OF 18, A PARENT OR GUARDIAN MUST SIGN FOR RELEASOR.

Print Releasor Name

Print Parent/Guardian

Releasor's Signature

Parent/Guardian Signature

State of Texas, County of Williamson

Before me, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared _____, Releasor herein, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged that (s)he executed the same for the purposes and consideration therein expressed and in the capacity therein stated.

SWORN AND SUBSCRIBED BEFORE ME on this ____ day of _____, 20__.

Notary Public-State of Texas

☐ Copy for City

LEANDER POLICE DEPARTMENT

**EXPLORER INFORMATION FORM**
☐ **New Explorer (Must complete all sections)**
☐ **Change (Complete only sections that apply to change)**

Explorer's Name	Member ID#	Program Explorer Post#641
Street Address		City/State/Zip
Home Phone Number ()	Cell Number ()	E-Mail Address

PERSON(S) TO CONTACT IN CASE OF EMERGENCY:

First Contact	Second Contact
Name	Name
Address	Address
Phone Number(s)	Phone Number(s)
Relationship	Relationship

ADDITIONAL INFORMATION:

 Explorer's Signature

 Date

Leander Police Department
Law Enforcement Explorer Post#0641
Consent To Medical Treatment
Under 18 Y.o.a.

I (We) are the natural parent(s) or guardian(s) of _____,
a minor, who is participating in the Leander Police Explorer Post#0641 and/or any police
department or Post function.

In the event I (We) cannot be contacted and the minor, by reason or accident, illness or
injury, shall require any character of emergency medical treatment or surgery, including
any and all diagnostic procedures or drugs related thereto. I(We) authorize the Chief of
Police or his/her designee, including any sworn police officer or representative of the
Leander Police Department to consent to the emergency medical treatment of said minor
and to do each and every act necessary to provide for said emergency medical treatment.

Signature: _____
(Parent and/or Guardian)

Date: _____

Signature: _____
(Parent and/or Guardian)

Date: _____

Address: _____

Telephone: (____) _____

Signature: _____ Date of Birth: _____
(minor)

Leander Police Department
Law Enforcement Explorer Post#0641
Consent To Medical Treatment
18+ Y.o.a.

I _____, am eighteen years or older, and participating in the Leander Police Department Law Enforcement Explorer Post#0641 and/or any police department or Post function.

In the event that I, by reason or accident, illness or injury, shall require any character of emergency medical treatment or surgery, including any and all diagnostic procedures or drugs related thereto. . I authorize the Chief of Police or his/her designee, including any sworn police officer or representative of the Leander Police Department to consent to the emergency medical treatment of myself and to do each and every act necessary to provide for said emergency medical treatment.

Signature: _____

Date: _____

Address: _____

Telephone: (____) _____

Date of Birth: _____



City of Leander, Texas

Police Department
705 Leander Drive - Leander, TX 78641-1781



To: Post Advisor

From: Explorer

Date: _____

Re: Photographing and displaying photos of Explorer Post Members

This letter is a written agreement for the Explorer Post to photograph and display any activity photos taken of me, _____, during any explorer training, community service projects for the purpose of recruitment and recognition of this program. I give full consent for my photographs to be displayed in schools, youth program opportunities and other areas where the Explorer Post can receive recognition of this program. Removal of my consent will be done in writing and will take effect five (5) business days from receipt of the letter from the current Advisor of the Explorer Post.

Name of Explorer

Date

Parent's Signature (if under eighteen)

Date



Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Name _____ Date of birth _____ Age _____ Male ☐ Female ☐

Address _____ Grade completed (youth only) _____

City _____ State _____ Zip _____ Phone No. _____

Unit leader _____ Council name/No. _____ Unit No. _____

Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____

Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____

Address _____

Home phone _____ Business phone _____ Cell phone _____

Alternate contact _____ Alternate's phone _____

HEALTH HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea)	Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____

Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

☐ Exemption to immunizations claimed (form required).

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____

Administration of the above medications is approved by (if required by your state): _____ / _____
Parent/guardian signature and/or MD/DO, NP, or PA signature

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Part B

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

☐ Without restrictions.

☐ With special considerations or restrictions (list) _____

TALENT RELEASE AGREEMENT

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

☐ Yes ☐ No

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

You must designate at least one adult. Please include a telephone number.

1. Name _____ Telephone _____

2. Name _____ Telephone _____

3. Name _____ Telephone _____

Adults NOT authorized to take youth to and from events:

1. Name _____

2. Name _____

3. Name _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

If I am participating at Philmont, Philmont Training Center, Northern Tier, or Florida Sea Base: I have also read and understand the risk advisories explained in Part D, *including height and weight requirements and restrictions*, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider.

Participant's name _____

Participant's signature _____ Date _____

Parent/guardian's signature _____ Date _____

(If participant is under the age of 18)

Second parent/guardian signature _____ Date _____

(if required; for example, CA)

This Annual Health and Medical Record is valid for 12 calendar months.

Part B Full name: _____ DOB: _____